UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/543,663	04/05/2000	Roland Lamer	15-IS-5288(70191/235)	7305

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Joseph D. Kubbom
Andrus, Sceales, Starke, & Sawall
100 East Wisconsin Ave.
Ste 1100
Milwaukee, WI 53202

EXAMINER
FRENEL, VANEL

ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 07/19/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)
Office Action Summary	09/543,663	LAMER ET AL.
	Examiner	Art Unit	
	Vanel Frenel	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on <u>12 June 2006</u>.

2a) ☐ This action is **FINAL.**   2b) ☒ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) *1-3,5-8,10,11 and 22-31* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) *1-3, 5-8, 10-11, 22-31* is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____.

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

1.   A request for continued examination under 37 CFR 1.114, including the fee set

forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this

application is eligible for continued examination under 37 CFR 1.114, and the fee set

forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action

has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 6/12/06

has been entered.

Notice to Applicant

2.   This communication is in response to the RCE filed on 6/12/06. Claims 1-3, 5, 7,

22, 28 have been amended. Claims 4, 9, 12-21 have been cancelled. Claims 1-3, 5-8,

10-11 and 22-31 are pending.

Claim Rejections - 35 USC § 103

3.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set
> forth in section 102 of this title, if the differences between the subject matter sought to be patented and
> the prior art are such that the subject matter as a whole would have been obvious at the time the
> invention was made to a person having ordinary skill in the art to which said subject matter pertains.
> Patentability shall not be negatived by the manner in which the invention was made.

4.   Claims 1-3, 5-8, 10-11 and 22-31 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Ribitzky (6,363,393) in view of Evans et al (6,266,675) and further in

view of Cooke, Jr. et al (6,574,629).

(A)   As per claim 1, Ribitzky discloses a data management system for patient data,

comprising: having a functionality code segment and a first user interface code segment

(See Ribitzky, Col.9, lines 44-67 to Col.10, line 19); having a functionality code segment

and a second user interface code segment (See Ribitzky, Col.9, lines 44-67 to Col.10,

line 19); and a container application having a first user interface layer in communication

with the PACS and a second user interface layer in communication with the RIS,

wherein the first and second user interface layers are configured to convert the first user

interface code segment of the PACS and the second user interface code segment of the

RIS to a uniform user interface and to communicate patient data between the

functionality code segments of the PACS and the RIS, respectively (See Ribitzky, Col.9,

lines 44-67 to Col.10, line 59).

Ribitzky does not explicitly disclose the uniform user interface such that the

patient data of the functionality code segments of the first and second components are

formatted with the same look and feel.

However, this feature is known in the art, as evidenced by Evans. In particular,

Evans teaches the uniform user interface such that the patient data of the functionality

code segments of the first and second components are formatted with the same look

and feel (See Evans, Col.11, lines 32-67; Col.7, 1-19 to Col.8, line 17).

It would have been obvious to one of ordinary skill in the art at the time of the

invention to have included the feature of Evans within the system of Ribitzky with the

motivation of providing a system and method which are needed for using relational

databases to dynamically configure an application program easily (See Evans, Col.2, lines 10-12).

The combination of Ribitzky and Evans do not explicitly disclose that the system having a picture archival and communication system (PACS), a radiology information system (RIS).

However, this feature is known in the art, as evidenced by Cooke. In particular, Cooke suggests that the system having a picture archival and communication system (PACS) and a radiology information system (RIS) (See Cooke, Col.12, lines 49-67 to Col.13, line 18).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Cooke within the collective teachings Evans and Ribitzky with the motivation of providing PACS which include at least one station capable of displaying the images, and a network gateway which communicates with the station and a remote source (e.g., a hospital radiology information, or RIS) (See Cooke, Col.3, lines 20-23).

(B)   As per claim 2, Cooke discloses the data management system wherein the functionality code segment of the PACS is configured to store and retrieve patient image data (See Cooke, Col.13, lines 1-30).

The motivation for combining the respective teachings of Ribitzky, Evans and Cooke are as discussed in the rejection of claim 1 above, and incorporated herein.

(C)   As per claim 3, Cooke discloses the data management system wherein the

functionality code segment of the RIS is configured to store and retrieve patient image

data (See Cooke, Col.10, lines 30-38).

The motivation for combining the respective teachings of Ribitzky , Evans and

Cooke are as discussed in the rejection of claim 1 above, and incorporated herein.

(D)   As per claim 5, Cooke discloses the data management system further comprising

a first service layer in communication with the PACS and a second service layer in

communication with the RIS, wherein the first and second service layers are configured

to communicate data between the functionality code segments of the PACS and the RIS

and a service (See Cooke, Col.18, lines 55-67 to Col.19, line 22).

The motivation for combining the respective teachings of Ribitzky, Evans and

Cooke are as discussed in the rejection of claim 1 above, and incorporated herein.

(E)   As per claim 6, Ribitzky discloses the data management system wherein the

service includes a telecommunication service (See Ribitzky, Col.6, lines 43-67).

The motivation for combining the respective teachings of Ribitzky , Evans and

Cooke are as discussed in the rejection of claim 1 above, and incorporated herein.

(F)   As per claim 7, Ribitzky discloses a data management system for patient data,

comprising: for retrieving patient image data from a database and having a first user

interface (See Ribitzky; Col.9, lines 44-67 to Col.10, line 19); for processing patient text

data and having a second user interface (Col.9, lines 44-67 to Col.10, line 19); for converting the first user interface and the second user interface to a uniform user interface and for receiving the patient image data and the patient text data for generating display signals based on the patient image data (See Ribitzky, Col.9, lines 44-67 to Col.10, line 59).

Ribitzky does not explicitly disclose the patient text data according to a predetermined display format, wherein the predetermined display format has a common look and feel for the patient image data and the patient text data.

However, this feature is known in the art, as evidenced by Evans. In particular, Evans teaches the patient text data according to a predetermined display format, wherein the predetermined display format has a common look and feel for the patient image data and the patient text data (See Evans, Col.11, lines 32-67; Col.7, 1-19 to Col.8, line 17).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Evans within the system of Ribitzky with the motivation of providing a system and method which are needed for using relational databases to dynamically configure an application program easily (See Evans, Col.2, lines 10-12).

The combination of Ribitzky and Evans do not explicitly disclose that the system having a picture archival and communication system (PACS), a radiology information system (RIS) and a data manager in communication with the PACS and the RIS,

wherein the data manager includes a user interface code segment in communication with the PACS and the RIS.

However, this feature is known in the art, as evidenced by Cooke. In particular, Cooke suggests that the system having a picture archival and communication system (PACS) and a radiology information system (RIS) (See Cooke, Col.12, lines 49-67 to Col.13, line 18) and a data manager in communication with the PACS and the RIS, wherein the data manager includes a user interface code segment in communication with the PACS and the RIS (See Cooke, Col. 23, lines 50-67 to Col.24, lines 10).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Cooke within the collective teachings Evans and Ribitzky with the motivation of providing PACS which include at least one station capable of displaying the images, and a network gateway which communicates with the station and a remote source (e.g., a hospital radiology information, or RIS) (See Cooke, Col.3, lines 20-23).

(G)   As per claim 8, Evans discloses the data management system further comprising a display unit configured to receive the display signals and provide a display based on the display signals (Col. 4, lines 52-64).

The motivation for combining the respective teachings of Ribitzky, Evans and Cooke are as discussed in the rejection of claim 1 above, and incorporated herein.

(H)   As per claim 10, Evans discloses the data management system further

comprising a third application configured to process data, the user interface code

segment in communication with the third application and configured to receive the data

and to generate display signals based on the data (Col.4, lines 52-64).

The motivation for combining the respective teachings of Ribitzky, Evans and

Cooke are as discussed in the rejection of claim 1 above, and incorporated herein.

(I)   As per claim 11, Ribitzky discloses the data management system wherein the

third application is in communication with the internet (Col.6, lines 54-58).

(J)   As per claim 22, Ribitzky discloses a method of displaying patient data from a

plurality of applications, comprising: receiving patient image data having a first user

interface (See Ribitzky; Col.9, lines 44-67 to Col.10, line 19); receiving patient text data

having a second user interface (See Ribitzky; Col.9, lines 44-67 to Col.10, line 19);

converting the first user interface and the second user interface to a uniform user

interface (Col.10, lines 1-59).

Ribitzky does not explicitly disclose configuring the patient image data and the

patient text data according to a predetermined display format; and displaying the

configured patient image data and patient text data according to the display format such

that the patient image data and the patient text data have the look and feel.

However, these features are known in the art, as evidenced by Evans. In

particular, Evans teaches configuring the patient image data and the patient text data

according to a predetermined display format; and displaying the configured patient image data and patient text data according to the display format such that the patient image data and the patient text data have the look and feel (See Evans, Col.11, lines 32-67; Col.7, 1-19 to Col.8, line 17).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Evans within the system of Ribitzky with the motivation of providing a system and method which are needed for using relational databases to dynamically configure an application program easily (See Evans, Col.2, lines 10-12).

The combination of Ribitzky and Evans do not explicitly disclose that the system having a picture archival and communication system (PACS), a radiology information system (RIS).

However, this feature is known in the art, as evidenced by Cooke. In particular, Cooke suggests that the system having a picture archival and communication system (PACS) and a radiology information system (RIS) (See Cooke, Col.12, lines 49-67 to Col.13, line 18).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the feature of Cooke within the collective teachings Evans and Ribitzky with the motivation of providing PACS which include at least one station capable of displaying the images, and a network gateway which communicates with the station and a remote source (e.g., a hospital radiology information, or RIS) (See Cooke, Col.3, lines 20-23).

(K)   As per claim 23, Cooke discloses the method further comprising receiving the

patient image data from a PACS database (See Cooke, Col.10, lines 12-60).

The motivation for combining the respective teachings of Ribitzky, Evans and

Cooke are as discussed in the rejection of claim 1 above, and incorporated herein.

(L)   As per claim 24, Evans discloses the method wherein the predetermined display

format includes a display format for an icon (Col.13, lines 18-59).

(M)   As per claim 25, Evans discloses the method wherein the predetermined display

format includes a display format for menu (Col.7, lines 10-19; Col.13, lines 18-59).

(N)   As per claim 26, Evans discloses the method further comprising communicating

the patient image data through a user interface layer (Col.6, lines 50-58).

(O)   As per claim 27, Ribitzky discloses the method further comprising providing

patient image data to one of the internet and an intranet (Col.6, lines 54-58).

(P)   As per claim 28, Cooke discloses the data management system further

comprising a third component having a functionally code segment and a third user

interface code segment, wherein the container application is configured to communicate

patient data between the functionality code segments of the PACS, RIS and third

components, respectively, and the uniform user interface (See Cooke, Col.18, lines 55-

67 to Col.19, line 22).

The motivation for combining the respective teachings of Ribitzky, Evans and

Cooke are as discussed in the rejection of claim 1 above, and incorporated herein.

(Q)   As per claim 29, Ribitzky discloses the data management system wherein the

functionality code segment of the third component is configured to communicate with

the Internet (Col.6, lines 54-58).

(R)   As per claim 30, Ribitzky discloses the data management system wherein the

service communicates with the first and second service layers via a predetermined

protocol (See Col.6, lines 54-58).

(S)   As per claim 31, Ribitzky discloses the data management system wherein the

predetermined protocol includes componentware (Col.6, lines 30-58).

Response to Arguments

5.   Applicant's arguments filed on 6/12/06 with respect to claims 1-3, 5-8, 10-11 and

22-31 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

6.   The prior art made of record and not relied upon is considered pertinent to

applicant's disclosure. The cited but not the applied art teaches method and system for

managing patient medical records (2001/0041991).

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Vanel Frenel whose telephone number is 571-272-6769.

The examiner can normally be reached on Monday-Thursday from 6:30am-5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Joseph Thomas can be reached on571-272-6776. The fax phone number

for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the

Patent Application Information Retrieval (PAIR) system. Status information for

published applications may be obtained from either Private PAIR or Public PAIR.

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you have questions on access to the Private PAIR system, contact the Electronic

Business Center (EBC) at 866-217-9197 (toll-free).

V.F

July 7, 2006

C. LUKE GILLIGAN
PATENT EXAMINER